

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049661

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Register's District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

JEFFERSON BARRACKS, MO.

Length of stay in 1b

261 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR VETERANS ADMINISTRATION
INSTITUTION

HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY

SAINT LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4537 LEWIS PLACE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ARTHUR

Middle

(Stalling)

Last

STALLINGS

4. DATE
OF
DEATH

Month

12

Day

23

Year

1962

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-9-96

9. AGE (last birthday)

66 YRS

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

UNION CITY, TENNESSEE

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WASH STALLINGS

13b. MOTHER'S MAIDEN NAME

MARYHUDSON

14. NAME OF HUSBAND OR WIFE

ROSE STALLINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-1

17. INFORMANT

ROSE STALLINGS 4537 LEWIS PLACE SAINT LOUIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PULMONARY INFARCTIONS, ACUTE

INTERVAL BETWEEN ONSET AND DEATH

12 HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) PULMONARY EMBOLI, ACUTE, MASSIVE BILATERAL

14 HOURS

DUE TO (c) Syphilitic heart disease, class IV

30yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

RECENT AND OLD CEREBRAL INFARCTION

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-6-62 to 12-23-62 and last saw him alive on

Death occurred at 3:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul G. Thomas, M.D.

22b. ADDRESS

VA HOSP. JEFF. BRKS, MO.

22c. DATE SIGNED

12-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12-28-62

23c. NAME OF CEMETERY OR CREMATORY

JEFFERSON BARRACKS

23d. LOCATION (City, town, or county)

JEFFERSON BARRACKS, MO.

24. FUNERAL DIRECTOR

ADDRESS

ST. LOUIS, MO.

KOONCE FUNERAL HOME 1221 NO GRAND BLVD.

25. DATE RECD. BY LOCAL REG.

12-27-62

26. REGISTRAR'S SIGNATURE

John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Syphilitic heart disease, Class IV

SHOULD READ

18c

BY AFFIDAVIT OF attending physician

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William Blackman

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.